

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION**O.I.P.E. CLASSIFIER****FORMALITY REVIEW****RESPONSE FORMALITY REVIEW**

21 2/2/01
JL 503 02/20/01
927 05/29/01

INDEX OF CLAIMS

| | | | |
|---|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — | (Through numeral)... Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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| Final | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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